

CLAIMS ONLY							Application Number 09/909417		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
<del>1</del>							51				
<del>2</del>							52				
<del>3</del>							53				
4	1						54				
5		1					55				
6							56				
7							57				
8							58				
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<del>10</del>							60				
11		1					61				
12							62				
<del>13</del>							63				
<del>14</del>							64				
15		1					65				
16							66				
17							67				
<del>18</del>							68				
19		1					69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
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30							80				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	1						Total Indep				
Total Depend	14						Total Depend				
Total Claims	15						Total Claims				